



Coronavirus (COVID-19)
Home and Community Support Services Agencies (HCSSAs), except Hospice
Inpatient Units
Weekly Frequently Asked Questions

On March 13, 2020, Governor Greg Abbott declared a state of disaster for all counties in Texas due to the COVID-19 pandemic.

The Texas Health and Human Services Commission (HHSC) is committed to sharing pertinent COVID-19 information with all HCSSAs via this regularly updated Frequently Asked Questions (FAQs) document.

With each update, this FAQ document will be arranged by date, and if guidance changes from a previous week's FAQs, it will be noted in red font. Questions regarding these FAQs can be directed to Long-term Care Regulatory Policy, Rules & Training at 512-438-3161 or PolicyRulesTraining@hhsc.state.tx.us.

Please note that this policy guidance by HHSC Long-term Care Regulatory, such as Provider Letters 20-16 and 20-21, relates to requirements in rules governing licensing standards for HCSSAs ([26 TAC, Chapter 558](#)). HCSSAs that contract for Medicaid programs and other programs must also follow policy guidance of their contracted programs, including guidance related to reimbursement requirements.

April 10, 2020

How do HCSSAs get more personal protective equipment (PPE)?

Answer: Providers should first try to get PPE through their normal supply chain or through other resources available. Some resources are sister facilities, local partners or stakeholders, Public Health Region, Healthcare Coalition, or Regional Advisory Councils.

If providers cannot get PPE from vendor(s) and have exhausted all other options, ask your local office of emergency management to request some on your behalf using the STAR system. Please note that this is not a guarantee of receiving it. Supplies of PPE might be insufficient to meet demand.

For the most current guidance on the use of PPE and how to conserve it, access resources from [DSHS](#) and CDC. The CDC COVID-19 website has sections for [health care professionals](#) and [health care facilities](#).

The CDC also has specific information relating to:

- [Healthcare Supply of PPE](#)
- [Strategies to Optimize PPE and Equipment](#)
- [Strategies to Optimize Eye Protection](#)
- [Strategies to Optimize Isolation Gowns](#)

- [Strategies to Optimize Face Masks](#)
- [Strategies to Optimize N-95 Respirators](#)
- [Crisis Alternate Strategies for N-95 Respirators](#)

Where should HCSSA providers go for COVID-19 information?

Answer: Reliable sources of information include:

- [The Centers for Disease Control and Prevention](#)
- [The Centers for Medicare and Medicaid Services](#)
- [The Texas Department of State Health Services](#)
- [The Health and Human Services Commission](#)

To practice social distancing, can a HCSSA temporarily close its office and arrange for its office staff to telework?

Answer: Yes, the HCSSA can temporarily close its office to walk-in traffic during this pandemic in accordance with the agency's policies. The HCSSA must:

- Forward its office phone to a teleworking staff during office hours; and
- Post a notice on the front door of the office stating:
 - that the office is temporarily closed to lessen the spread of COVID-19; and
 - the phone number to call during office hours.

The HCSSA does not need to notify HHSC of the temporary office closure.

Are activities of daily living (ADLs) considered essential services?

Answer: Services on the individual service plan (ISP), such as meal prep, bathing, and dressing, could be considered essential services if the client does not have anyone else to help them with those services. ADLs should be evaluated on a case-by-case basis for each client to determine if the visit is essential for that client's health and safety. If the client has family members sheltering with them, daily meal prep might not be an essential task if the family member is handling meals. Laundry might be postponed if the client can wait or a household member can do the task.

We must take into consideration that we are to implement the governor's order to limit contact with others. If a visit can be rescheduled or done by virtual format, the agency should do that. Agency staff should speak with the client and family members about their situation and, using best judgement and weighing the risks, determine what are essential and non-essential services.

Can supervisory visits be conducted by phone or video conferencing?

Answer: Yes. Supervisory visits determined to be non-essential can be conducted via phone or video conferencing.

Regarding the second screening criterion in PL 20-16 that states “contact in the last 14 days with someone who has a confirmed diagnosis of COVID-19, is under investigation for COVID-19, or is ill with respiratory illness” – Don’t you mean “*unprotected* contact”?

Answer: Yes, we mean *unprotected* contact. It was *not* the intent of the guidance to prohibit an employee who is providing services while using the appropriate PPE and following infection control procedures from providing services to additional clients while being consistent with the CDC guidelines. If an employee has unprotected exposure in or outside of work, however, the agency must isolate the staff member and monitor the signs and symptoms of the infection consistent with CDC guidelines.

Due to the ever-changing information that we are all receiving, an agency must continue to follow the most current guidance as provided by [Health and Human Services Commission](#) (HHSC), the [Centers for Disease Control](#) (CDC), the [Department of State Health Services](#) (DSHS), and your local public health department to reduce the risk of spreading the virus to individuals served.

Can we discharge a hospice client for cause if the facility in which the resident resides won't let us in?

Answer: Yes. The discharge should be discussed with the client, client’s family or legally authorized individual, and the client’s attending physician. Prior to discharge, the hospice should communicate with the facility to explain the nature of essential hospice services for the client.

Some staff have badges, and some do not; can they carry a letter on the company letterhead to assist in identification?

Answer: Yes. An agency should have procedures for non-badge holders to identify themselves to facility staff and to law enforcement. A letter on company letterhead would work for this purpose.

Can the hospice social worker and chaplain reports be done via chat/audio/video using the hospice nurse or the long-term care nurse working for the facility?

Answer: Yes. These reports can be done as part of an agency’s agreement with the facility.

Do we still have to conduct visits if we need PPE and none is available?

Answer: No. In situations where a client or household member has failed a COVID screening, HCSSA staff are not required to conduct visits without PPE when it is unavailable. Essential visits that are not conducted must be documented along with justification for the visit not occurring. Also, the client’s attending physician must be notified of the missed visit.

Does screening of the client and household members need to be documented every time it occurs?

Answer: Yes, screening and its documentation is always necessary.

Do our aides need to wear PPE regardless of presence of any infection or signs and symptoms?

Answer: PPE should be used only if the client or a household member meets any of the screening criteria, unless use of PPE is appropriate to the service being provided (e.g., wound care). Refer to CDC guidelines for [optimization](#) of PPE.

What happens to our clients when unlicensed attendants are under a shelter-in-place order?

Answer: Most local shelter-in-place orders provide exceptions for health care staff. All HCSSA licensed categories provide health care services, and licensed staff and attendants are essential health care personnel. Agencies are encouraged to issue name badges or letters on company letterhead identifying staff as a provider of health care in a client's home.

What should an agency do if attendants refuse shifts? We do not have enough staff due to daycare closures, illness, and exposure risks.

Answer: This is where the agency's emergency preparedness and response plan is essential. Implement the agency's staff back-up plans, such as having arranged for a household member to provide services in an emergency. The household member would have agreed and been trained for an emergency such as a pandemic. Ultimately, an agency must document all its efforts to ensure adequate staff and that services are provided to clients. An agency also must communicate with the client's physician related to any missed visits.

What if our clients are asking for a postponement of their visits? Can we do telecommunication visits?

Answer: Yes, non-essential services can be provided via telecommunication visits. The client always has the option to refuse a visit or request postponement. An agency must document a client's refusal or postponement request.

For client screening, is it a positive screening if they meet only one criterion/symptom (such as a cough with no other symptoms), or do they need to meet multiple criteria?

Answer: Yes. Any single criterion that is met results in a positive screening.

Is an agency able to extend the date of a supervisory visit if the client is quarantined due to COVID19?

Answer: Yes, the visit can be extended.

Some parents of CLASS waiver recipients are still requesting specialized therapies. Is a specialized therapy (such as Music Therapy, Recreation Therapy, Aquatic Therapy and Massage Therapy) essential?

Answer: Specialized therapies continue if the client's service planning team determines the therapy is an essential service. The determination and justification for the determination must be documented.

Does our ability to do telehealth instead of face-to-face visits apply only if the client or household member answered yes to one of the screening questions?

Answer: No, HHSC encourages agencies to limit contact as much as possible.

Does an agency have to continue to provide services to a client who is diagnosed with COVID-19?

Answer: If the service is determined to be an *essential* service, yes, the HCSSA must provide it unless a household member is willing and able to provide the service or some of the services. Preventing hospitalization should be the goal, if possible. With the agreement of the client, agency staff can enter the home. However, the agency must adhere to all CDC guidelines for the use of PPE, such as goggles, masks, gloves, and disposable gowns.

The agency must reschedule all *non-essential* services to a time when the client has been fever-free for at least 24 hours *without* the aid of medications to reduce fever.

If the client lives with someone who has tested positive for COVID-19 and the entire household is quarantined, is the agency still responsible to provide the service?

Answer: Yes, essential services must be provided if PPE is available. If the client has someone in the home who has been trained to provide these services and is willing and able to do so, the agency can use this back-up arrangement *as long as it is documented*. Use of such a back-up scenario also should be discussed prior to implementation of an agency's emergency preparedness plan.

If PPE is not available and someone in the home cannot provide the service, the agency must document why the visit was not conducted. Also, the client's attending physician must be notified of the missed visit.